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RUDENESS AND ALLIED TOPICS

Sir Alfred Webb Johnson, speaking at the Abernethian Society's celebration dinner at the Savoy, remarked that the tradition of Abernethy's rudeness had died out, and added that in his opinion this was a pity "as one knew where one stood in those days." There can be no doubt that the tradition is dying out despite the stalwart efforts of teachers of anatomy and gynaecology. It seems likely that this improvement in manners dates from as little as forty years ago, for Mr. Reginald Vick has told us of how he went in awe of the chiefs of his student days, and has recounted instances of the formidable treatment meted out to their inferiors by some of the honorary staff of that time.

There are many well-known instances of Abernethy's appalling rudeness and when they are quoted nowadays it seems incredible that anyone could have had so little respect for the feelings of others. But it must be remembered that he lived in an age of plain speaking. For instance a contemporary of his, Thomas Wakley, who founded the *Lancet*, wrote with a pen every bit as ferocious as his tongue. He habitually wrote of The Society of Apothecaries of London as "Rhubarb Hall" and of its governors as "The Old Hags," and on one occasion described them as "a contemptible gang of Retail Druggists." Concluding an attack on a certain Dr. Johnson, who edited *The Medico-Chirurgical Review*, he wrote, "He was disingenuous without plausibility, and dishonest without dexterity. He had the wriggling lubricity, without the cunning of a serpent." In such an age some of Abernethy's comments, pungent as they were, cannot have seemed so outrageous as they would to-day.

Probably Sir Alfred considers that a great deal of time would be saved if we all spoke our minds more plainly. He surely holds no brief for pure rudeness as such? In passing, one wonders how he would relish the Royal College of Surgeons being called an "avaricious corporation," as it was in an open letter to the Court of Examiners of the College published in the *Lancet* of August, 1825. But for plain speaking there is much to be said. Many of us must envy the moral courage of Lord Birkenhead (F. E. Smith) who, when asked by his barber how he liked his hair cut, replied "In silence." The trouble is, of course, that real frankness is often indistinguishable from inexcusable rudeness.

History and literature abound in famous replies, retorts, passages of invective and instances of heroic rudeness, and this age of better manners (or hypocrisy, as you care to look at it) will add little to that treasury. For pure rudeness it would be difficult to beat Dr. Johnson's observation to a gentleman who told Johnson that his wife's sister was *really* happy, a remark that annoyed the doctor. "If your sister-in-law is really the contented being she professes herself, Sir, her life gives the lie to every research of humanity; for she is happy without health, without beauty, without money and without understanding." Another rather uncalled for sally comes from Sydney Smith, at one time a Canon of St. Paul's Cathedral, and usually noted for his kindness and good humour as well as his wit. In a discussion he remarked to a man who had expressed a very strong opinion and justified it on the ground that he was a plain man, "I am not aware, Sir, that your personal appearance has anything to do with the matter."

Another justly famous outburst is that of Swinburne against Emerson, this time in a letter. Swinburne revealed in a conversation with Edmund Gosse that he had written this letter. Gosse asked Swinburne if he had received a reply from Emerson to an earlier letter. Swinburne replied that he had not and that he had sent another. "I hope your language was quite moderate," said Gosse. "Perfectly moderate. I merely reminded him, in language of the strictest reserve, that he was an old, and now toothless baboon, who had climbed to notoriety on the shoulders of Carlyle and now spits and splutters from a filthier platform of his own finding and fouling. That is all I said."

It is possible to take a more unalloyed pleasure in retorts to initially rude or impudent remarks. On one occasion a young man asked Dr. Erasmus Darwin (grandfather of Charles), who had a bad stutter, if he did not find this very inconvenient. "Not in the least," replied Dr. Darwin, "for it gives me time for reflection before asking imp-p-pertinent questions." There is a story that during the Great War a woman came up to G. K. Chesterton in the street and said, "Young man, why aren't you out at the front?" Chesterton, who was very fat, replied, "Madam, if you will look at me from the side you will see that I am."

In the same way as the art of being rude on a grand scale is slowly dying, so are people's powers of invective withering. Even Mr. Churchill, our only surviving orator, is not at his best in that vein. The general election one year ago was a dull and sordid affair from that point of view. Only the other day in the House of Commons we had the unedifying spectacle of Mr. Quintin Hogg calling the member for the Exchange Division of Liverpool his "pin-up girl." To which Mrs. Braddock replied that if she had her way she would take Mr. Hogg by the scruff of his neck and . . ." (at which point the Speaker mercifully intervened). How Disraeli must have turned in his grave—Disraeli, the great master of invective. Listen to him on Palmerston: "Your Lordship is like a favourite footman on easy terms with his mistress. Your dexterity seems a happy compound of the smartness of an attorney's clerk and the intrigue of a Greek of the lower empire." Or again on Lord John

Russell: "If a traveller were informed that such a man was leader of the House of Commons he may begin to comprehend how the Egyptians worshipped an insect. You are now exhaling upon the constitution of your country all that long hoarded venom and all those dis-tempered humours that have for years accumulated in your petty heart and tainted the current of your mortified life." Pin-up girl, indeed.

The law is a particularly fruitful source of wit of all kinds, and probably no one is more famous in legal circles for the acid quality of his wit than Mr. Justice Darling. While pleading before him one day a Learned Counsel said, "Concerning those bags, my lord, they might have been large bags or small bags. Again they might have been full bags or empty bags." "Or wind bags," interjected his lordship. Collapse, as they used to say in *Punch*, of Learned Counsel.

Lawyers, as much as anyone, have helped to make homeric rudeness a thing of the past, for the laws of slander and of libel are very much more strict than they were. Mr. Reginald Hine, the distinguished lawyer and historian, has done some interesting research into what was, and what was not, considered *malediction* in the Elizabethan age (the following quotations are from his *Confessions of an Uncommon Attorney*). It was not held to be malediction when someone described the Archbishop of York as "a covetous and malacious bishop," or an Innkeeper as ". . . a caterpillar for he lives by robbing his guests." Someone else successfully maintained that a certain lawyer was the falsest knave in England, and by God's blood he would cut his throat. The following descriptions of magistrates were allowed, "He is a vermin in the commonwealth and a hypocrite and dissembler in the Church of God." "He is a blood-sucker and thirsteth after blood, but if any man will give him a couple of capons and a score of wethers he will take them and be his friend." Another incident of singular charm was when a gentleman said of the Lord Keeper, Francis North, that he had been seen riding on the back of a rhinoceros. This "most impudent buffoon lie with the brazen affirmations of truth to it" are said to "have roiled him extremely."

One can but agree with Sir Alfred that this is a politer but a poorer world.

IN OUR LIBRARY—I.

NEEDHAM'S DE FORMATO FOETU, 1668

By JOHN L. THORNTON, *Librarian*

Among several interesting books recently presented to the Library by Dr. Carruthers Corfield is one by Walter Needham, entitled *Disquisitio anatomica de formato foetu. Editio altera priori emendatio*, Amsterdam, 1668. This is probably the most important of Needham's writings on comparative anatomy, and deals with the structure and function of the placenta in man and animals.

Walter Needham was probably a native of Shropshire, and is believed to have been born in 1631. He was educated at Cambridge, where he acquired the degree of doctor of physic in 1664, and then proceeded to Oxford to attend the lectures of Willis, Lower and Millington. He was elected a Fellow of the Royal Society in 1671, and two years later was appointed Physician to the Charterhouse. By charter of James II he became a Fellow of the College of Physicians, and was admitted on April 12th, 1687.

Needham was highly esteemed by his contemporaries, and is believed to have had a highly lucrative practice, but little is known of his career. It is thought that he died on April 5th, 1691, and was buried obscurely at St. Giles-in-the-Fields, "executions being out to seize both body and goods."

His *Disquisitio* was first published at London in 1667, and is dedicated to Robert Boyle. It was reprinted at Amsterdam the following year, and was also included by Le Clerc and Manget in their *Bibliotheca anatomica*, 1699 (1, pp. 687-723). Our copy of the book, which is the Amsterdam reprint, contains 234 pages of text, and seven folding plates. It is bound with Joseph Jackson's *Enchiridion medicum, theoretico-practicum; sive tractatus, de morborum theoria et praxi. (Cui subnectitur appendix de lue venerea.)* [etc.], Amsterdam, 1697. The volume is bound in half vellum, with paper sides.

Needham published several papers, including at least one in the *Philosophical Transactions*, and also *Observationes anatomicae*, [etc.], Leyden, 1714, this not being the original edition. It is recorded in the *Bibliotheca Osleriana* (No. 3491), although it is not mentioned in any of the biographical sources consulted for information regarding the author. But little remains respecting Walter Needham, and he would probably have been completely forgotten but for the existence of this little book, which is praised by Prof. F. J. Cole in his *History of comparative anatomy*, 1944.

AFRICAN MEDICINES

By COL. L. B. CANE

In the mind of the African, medicines and magic are closely associated, and the witch-doctor exercises considerable influence over the conduct and activities of his community.

Diseases that a patient can see seldom cause him any anxiety, but should he suffer the slightest pain in his abdomen his fears are immediately aroused that he has been bewitched, the only satisfactory explanation in his own mind being that some person possessed of mystic powers has exerted an evil influence over his body.

To repel or counteract this he wears charms consisting of various herbs and barks tied up in little bags, and carried in the form of a necklace or amulet.

Similarly in Burma I remember a native to whom I had given a prescription to be made up at the local hospital, who returned a week later with this sewn up in a little packet and tied over the affected part. To my surprise this appeared to have nearly cured him!

The diseases recognised by the African doctor appear to be relatively few, but the drugs used in their treatment are legion. These are applied externally or internally, and occasionally even by injection.

Amongst those used for external application are many roots, leaves, barks, and some fruits. Dried and powdered roots of various kinds are rubbed into multiple skin incisions for internal inflammation, pneumonia, abdominal pains,

and enlarged spleens, sprinkled on snake bites, and, mixed with salt, put into various cavities to relieve toothache.

Certain leaves, after drying, are also rubbed into incisions in cases of pneumonia; powdered and put into ears for earache, or mixed with salt and water as a lotion for inflamed eyes.

High fever is reduced by bathing all over with a certain bark soaked in hot water; and some fruits, dried and powdered, are considered to effectively dry up sores of any kind.

Internally: infusions from roots and barks are used for treatment of dysentery, diarrhoea and vomiting, and for the prevention of relapsing fever as gargles for sore throats.

Certain dried roots are given in powder form for tapeworms.

The inhalation of vapour from other roots is considered a cure for migraine, and an infusion of papaya root a specific for syphilis.

Infusions of various leaves are given effectively for constipation and dried and powdered—as snuff for relief of headache.

Certain pulverised fruits check diarrhoea, and the stem of maize cobs boiled and taken freely in water is given for relapsing fever.

From analyses made of a large number of these native remedies it would appear that about 60 per cent. to 70 per cent. of those given for dysentery, diarrhoea, menorrhagia, rhinitis and other discharges, sore throats, sores, etc., depend for their action almost entirely upon the action of tannin, as an astringent.

MAGICAL CONTENTS

Although many of these remedies prepared by the witch doctors from local plants may have some direct therapeutic effect, it is not upon this alone that he relies; frequently he adds to his mixture of drugs the additional touch of magic to nullify any witchcraft which may affect his patient.

As an example of one such charm, or *chin-gira*, added to a mixture of the root of four plants (and given in the treatment of a man with high fever and severe pains) may be quoted the following ingredients and their meaning:

- A piece of the feather of an owl, indicating the origin of the misfortune.
- A piece of the flesh of a witch added for the same reason.
- A piece of the flesh of a puppy before its eyes were open, signifying that the witch failed to see the right person and thus her charms will be powerless.

A piece of a wrinkle from the forehead of a lion, supposed to give power to the patient. Some soil from an ant-hill from which a rain-bow had been seen to rise, probably signifying restoration to health.

A splinter from a tree near a grave, the significance of this being unknown.

Amongst other magical charms prepared from animals may be noted: love potions made from the fat of a hippopotamus, and also from sections of tubes found in the livers of elephants.

The fat of a crocodile is considered a safeguard against all forms of poisons, but its brain on the other hand, dried, powdered, and given with snuff, is a swift and certain poison.

Stones found in the gall bladder insure long life, and its eyes and heart muscles are considered a powerful and effective addition to medicines.

The eyes of a buffalo, dried and powdered, given in a medicine increases a man's courage, and from these, or the eyelashes of a hyena, is made a love potion for a girl.

POISONS

The mixtures of the witch-doctor are, however, not all intended to be curative. To remove an illness it is often considered necessary to kill the person to whose bewitchment this is attributed.

Other motives for poisoning are to secure a man's property, as an act of revenge or jealousy, or even in some remote parts, to eat him.

The poison is usually administered mixed with food or beer, or scratched into the skin with a claw or sharp instrument, but in one recorded case, thorns soaked in poison were strewed along the path to his hut over which he would pass with naked feet.

If desired to poison several people a beer drinking is a favourite method. He may conceal the poison in the hollow gourd stem of the beer cup and, following custom, be first drinks from the cup, and then by giving it a gentle swirl the poison in the handle is freely mixed so that those who drink later are poisoned.

Another method is to place the poison under a long finger nail, and after first drinking some of the beer he dips the finger in and so dissolves the poison before the cup is handed round.

With such power of life and death at his disposal the position of the witch doctor in an ignorant community is very strong.

Though some of his remedies have some definite therapeutic value his treatment is entirely symptomatic, and his reputation depends less upon this than upon his power of removing an alleged source of bewitchment or any enemy.

THE ABERNETHIAN SOCIETY

Marginal Notes on the Dinner and Ball held in the Savoy Hotel on April 5th, in Celebration of the 150th Anniversary of the Foundation of the Society.

"Live on sixpence a day," said John Abernethy, "and earn it." And that was not the only incongruity about the Dinner and Ball with which we celebrated the 150th Anniversary of the Foundation of the Society to which he had been chiefest in giving life.

Yet the occasion was notable, and it was auspicious.

Lord Horder presided: "Lord Horder at home"; so, therefore, was everyone else. And the River Room laughed with its company and their cocktails, until the silence prayed for by the Toastmaster announced that Dinner was served.

The Ballroom, set and stately for Dinner, slowly filled; flowers as at court. The High Table, three sides of a square, to the left and embracing two round tables; floor space extending from these to the orchestra stage at the opposite end of the room to the right, with round tables on both sides.

The Dean of St. Paul's said the office of Grace, and the company sat. Sat still. Told to do so by men on the ceiling with cameras. We held it; then breathed, and the walls opened like sluiceways to let on the waiters, single-minded waiters who went about their business as only waiters can.

Dinner being ended, we toasted The King. Like flashlamps matches were struck and fumes of tobacco rose. The Lord Chairman rose. And if anyone had by this time forgotten who they were or what they were doing, they were reminded. Guests and friends; members of the hospital; friends celebrating. Her Royal Highness the Princess Elizabeth, invited, had been unable to accept, and sent a kind message. It was a great disappointment that Sir Gordon Gordon-Taylor, President of the Royal Society of Medicine, who, with wisdom and eloquence, was to have proposed the toast to the Abernethian Society, had been prevented from coming by an affection of the larynx contracted a day or two previously.

The Guests were: Sir Alfred and Lady Webb-Johnson; The Dean of Saint Paul's and Mrs. Matthews; Surgeon Rear-Admiral Cecil Wakeley; Mr. and Mrs. Douglas Abernethy; the Treasurer of the Hospital and Lady Aylwen; Professor Grey Turner, Perpetual Student of St. Bartholomew's Hospital, and Mrs. Grey Turner;

Miss Helen Dey, the Matron; Professor and Mrs. Lovatt Evans; the Clerk to the Governors and Mrs. Carus Wilson; Mrs. Sinclair, the Lady Almoner, and Colonel Fardell; the President of the Hunterian Society of London and Mrs. Mortimer Woolf; and, with their partners, officers of the Medical Societies of London Hospitals: Mr. Taylor of the Middlesex Hospital, Mr. Kenneth Lloyd Williams of St. Thomas's Hospital, Mr. John Taylor of the London Hospital, Mr. J. C. Cook of Guy's Hospital, Mr. P. M. Higgins of University College Hospital, Miss Betty Allday of the London School of Medicine for Women, and Miss Thelma Jørgensen of the Listerian Society, King's College Hospital.

And we had the pleasure of the company of the Deans of six London Medical Schools and Colleges: Dr. S. Cochrane Shanks of University College Hospital; Dr. and Mrs. A. E. Clarke Kennedy, of the London Hospital; Dr. and Mrs. Maurice Shaw, the West London Hospital; Dr. and Mrs. H. W. C. Vines, of Charing Cross Hospital; Dr. and Mrs. E. Rowan Boland, Guy's Hospital; and Dr. and Mrs. Hugh Gordon, of St. George's Hospital. From Holland we were honoured by four guests, medical students having a holiday in this country: Mr. Josef Broekman and Miss Sari van der Walle, and Mr. Hans van Schelven and Miss van Arhel. From "The Times" one gentleman, and from the Press Association, one.

So glasses were charged, and we toasted "our Guests and friends, coupled with the name of Sir Alfred Webb-Johnson."

Then, magnificently removing a magnificent cigar, he whom Lord Horder has described as "every inch a President," rose to reply. He was quick off the mark. He had never before had to reply on behalf of a matron; how well he remembered Helen Dey as a girl, and a buxom girl at that. He congratulated the Abernethian Society on its 150th Anniversary, and noted the inherent inability of St. Bartholomew's Hospital not to celebrate. If it wasn't the Octocentenary of its foundation, it was the four hundredth Anniversary of its restoration. There was always some excuse. But this Society, how tender in years it was! More than twenty years junior to the Middlesex Hospital Society. Why, only the other day he'd met a man whose

brother had been around about the time of its Foundation. Yet even in the few years of its existence it had formed a tradition. John Abernethy had been a tradition; but his rudeness had been dropped out—a thing to be regretted, one knew then where one stood. With these and other words the President of the Royal College of Surgeons cleared us, honoured us, and marked the occasion.

To propose the Toast to the Abernethian Society. Surgeon Rear-Admiral Cecil Wakeley leapt to his feet, and the splash of salt water in a harbour breeze was felt by every face. It was only within the past 24 hours that, late at night, a trunk call from London had roused him in his Hampshire home. "Will you make a speech to-morrow evening?" it said. "No, I won't." "It's a command." "Then I will." He did, and delightfully. Lots of things, and stories to take away. Fresher and fitter, we reached port again, and all rose to toast the Society.

Mr. Douglas Abernethy, a surgeon of Oxford, slowly and surely replied. His great-grandfather had been a nephew of John Abernethy. John was a man who was not only rude; his manner was direct but not thoughtless; though he did not suffer fools gladly, he had a strong impartial sympathy with his patients, and his charity was a part of his character that we now hear little about. Of the Society which John Abernethy and Dr. Richard Powell promoted, the speaker said that it had and still was fulfilling a very important function, and it must continue to do so. He wished it well; that it should continue its tradition, that it should continue to encourage honest medicine, the honest study of medicine, and honest reflection upon the subjects of medicine.

Already the orchestra was *in situ*. His Lordship from the chair declared the first part of the evening complete, and the floor open.

From the last toast to the last dance, as energetic as anyone was Dr. Malcolm Donaldson. It was a happy thing for us that at the time of his retirement he and Mrs. Donaldson should come to such a celebration and increase its gaiety. I congratulate them with admiration. At table with them were Dr. and Mrs. Donald Fraser, Mr. and Mrs. Tubbs, Mr. and Mrs. Coltart, Dr. Tony Alment and Mrs. James Smith, Dr. Henry Giles and Miss Pamela Lloyd.

With their partners were members of the committee of the Abernethian Society: Dr. D'Almero Kok, the President, Dr. R. E. Watts and Mr. John Cozens-Hardy, Vice-Presidents, and the two Secretaries, Mr. Martin Birnstingl and Mr. George Chamberlain.

Mr. and Mrs. Rupert Corbett were there; Mr. and Mrs. Higgs, Dr. and Mrs. A. C. Roxburgh, Dr. and Mrs. Cullinan, Mr. and Mrs. Underwood, Mr. Capps, Dr. Ernest Shaw, Major-General Barnsley from the Southern Command H.Q., and Dr. H. J. W. Cunningham. Also several members of the House, many of them just back from the wars, a few just off. And about forty students. A total gathering of two hundred and twenty-six.

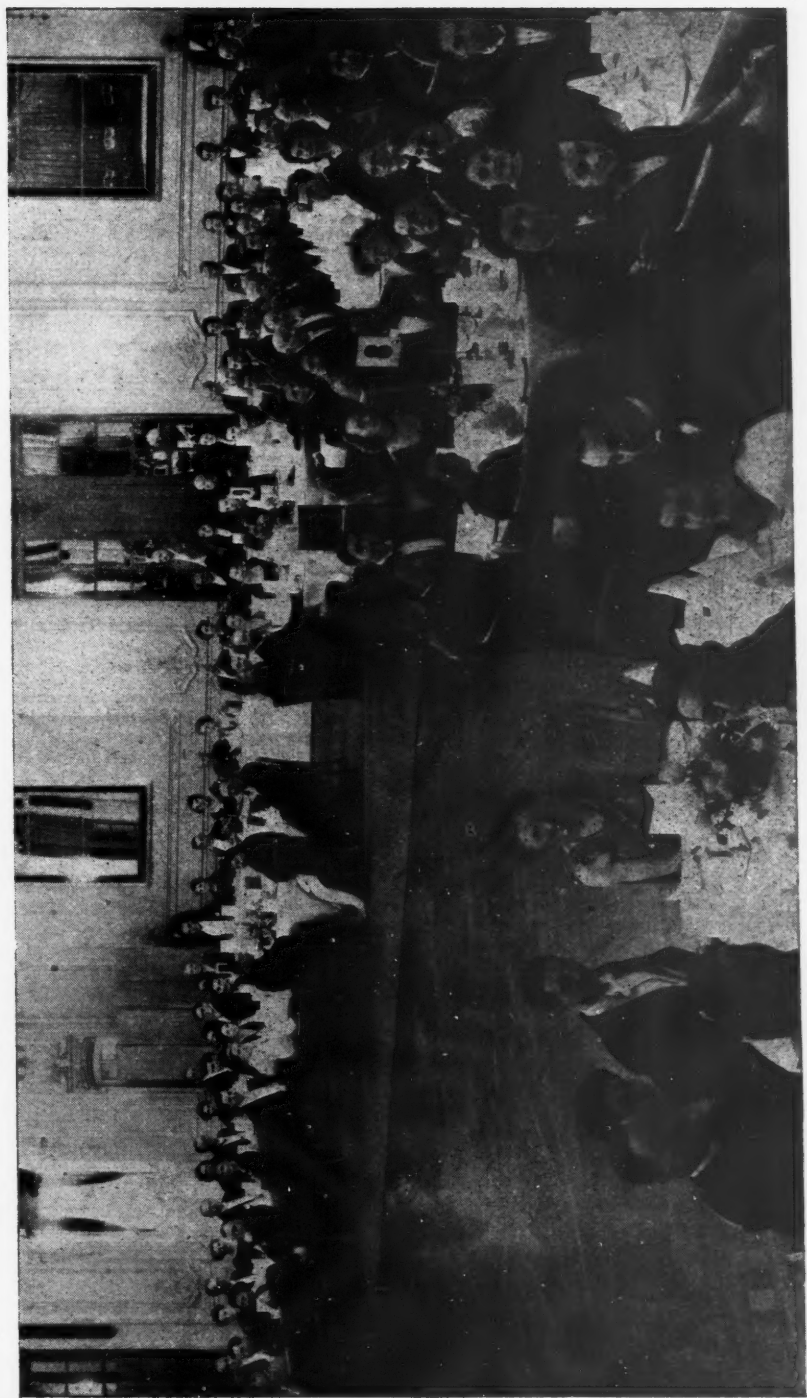
Except to say that it was very great, it is beyond me to describe the delight at seeing so many different people from so many different hospitals all mixed up and mixing. Many of the guests have written warmly to congratulate the Committee on the occasion. But, to be sure, the Committee is most grateful to them for joining us in the celebration, for saving us from that self-satisfaction into which we easily slip, and for opening our hands and our eyes. I wouldn't have believed such a party possible. So many people helped by coming; many helped but didn't come; Lord Horder presided.

NEUTER.

TWO TRUE STORIES

A doctor examining a girl recruited for the A.T.S. found something amiss with her and asked if she had ever been X-rayed. "No," she said, "but I have been ultra-violated."

Letter received by the Editor from the Commissioners of Inland Revenue, "Please state amount of remuneration received by you as a student at St. Bartholomew's Hospital Medical College."



The Abernethian Dinner held in the Savoy Hotel on April 5th.

CORRESPONDENCE

THE MEDICAL ART SOCIETY

To THE EDITOR, *St. Bartholomew's Journal*.

DEAR SIR,—The Medical Art Society is again arising from the war ashes. I am writing to you to ask if you would be so kind as to bring this fact to the notice of your readers. The subscription to the Society is 10s. 6d. per year, and the membership is limited to qualified medical men and women. There is likely to be an exhibition and an annual dinner at the latter end of this year, and the Committee are anxious to hear of any possible new members.

There is no restriction as to the school of painting or drawing, and we are interested in all methods from those of Burne Jones to those of Picasso. Sculpture is included.

I am,

Yours faithfully,

47, Queen Anne Street, GEOFFREY BOURNE.
Cavendish Square, London, W.1. 9th April, 1946.

BRICKBATS WITHOUT STRAW

THE EDITOR, *The St. Bartholomew's Hospital Journal*.

DEAR SIR,—You began the last edition of the Journal with an article headed "Bricks Without Straw." By Biblical quotation, and by a ludicrous enthusiasm for current criticisms of the Journal you sought to stimulate your readers into action. Without doubt you will succeed. Even the despairing shrieks of a drowning man will evoke some response from the passers-by, although his pathetic cries have none of the irritant properties of your remarks.

But can you be serious in supposing that this form of stimulus will produce anything more than a momentary gesture of impatience from your subscribers? Do you suppose that by such methods Stefan Lorant could have raised *Lilliput* from its humble beginnings or the *Daily Express* maintain its circulation? Is it not reasonable to suggest that more initiative is required from yourself than is involved in the collecting of examination results, the transcription of Abernethian Lectures and the vetting of whatever chance contributions a bountiful providence may cast into your lap?

Within my circle of acquaintances nobody save the Union's secretary has ever been asked for contributions by any representative of the Journal. Yet would you deny that in such matters a personal request to an individual yields results which no general appeal can ever achieve? Only think, dear sir, of the galaxy of experts with which the Abernethian Room is littered. What results might not follow if more of your fellows were approached upon their special subjects. With what interest should we not read Mr. Chapman's remarks on the economics of railway travel; Messrs. Wedd, Whiteley and Hathaway on the month's politics; Mr. Rassim, perchance, on the history of medicine as he has experienced it; Mr. Giri on some current monstrosity of contemporary art; or, in higher spheres, a topical ballet criticism from the honorary staff with practical illustrations by Dr. Wells?

There are at present no serial features in the Journal, either related or unrelated to the subject of medicine. The Gossip Column, which in past

Journals made amusing reading, has disappeared. Such accessory medical topics as the history of the profession are left untouched. The present political developments, which affect us so intimately, were entirely unmentioned in your last edition. And are there no matters for regret here at Bart's against which you are prepared to lead a crusade?

If you consider that my remarks are overheated you must blame yourself. My endeavour is to show that you are placing on others your own responsibility, that current criticism of the Journal is not entirely negative, and that the parable of the Talents is perhaps more pertinent to this question than any story of Egyptian Bricks.

I am, sir,

Yours faithfully,

The Abernethian Room, W. G. H. LESLIE.
April 13th, 1946.

Since you have taken it upon yourself to reply to a temperate appeal for more contributions to this Journal by roundly accusing the editorial staff of lacking in initiative, (in language which I entirely agree is overheated but for which I categorically refuse to blame myself), I trust that you will bear with a detailed reply.

Your main contention would seem to be that we do not commission articles, and you suggest with heavy facetiousness that we should solicit a number of articles on selected topics from your colleagues. In reply to this I should like to say, firstly, that in fact the Assistant Editor and I, spend a good deal of time in trying to extract contributions from our fellow students. I feel confident that if you had had our experience you would not talk so glibly of the efficacy of this method. You would have become accustomed, as we have, to the hummed expression in your friends' eyes as you approached them, to shuffling and evasive replies, to muttered excuses and talk of being busy and the proximity of exams. Secondly, a great disadvantage of the system of commissioning articles is that the people who write them expect you to publish them, even if—as sometimes happens—they are complete trash. It would be pointless and unprofitable for us to approach everyone in the hospital, friend and stranger alike, irrespective of whether or not they had any pretensions to literary style or aspirations to appear in print. I myself find it difficult to believe that a personal appeal from me would elicit contributions from Messrs. Chapman, Wedd, Whiteley, Hathaway or Rassim. I may be wrong, I admit that I have never tried. It may be that you, sir, are bursting to let us know about some special interest of your own, and only require a little personal encouragement. If so, drop me a line.

Having poured scorn upon us for appealing for further and more varied contributions you then proceed to reproach us for not including articles on various subjects. If we are to have a wide variety of material we have no other recourse than to appeal to our readers, short of writing the entire Journal ourselves, which would probably be as distasteful to you as it would be to us. If you are addicted to gossip columns why not write one? If you are interested in the history of medicine, submit an article on the subject, but spare us, please, your ill-informed and bumptious criticism.

THE EDITOR.

THE EDITOR, *St. Bartholomew's Hospital Journal*.

SIR,—Judging by the last number of this Journal I observe that there is a definite inclination on the part of the profession to associate medicine with religion, which is very gratifying since the modern tendency is to exclude religion from consideration as far as is possible.

The association is welcome, because if religion has any answer, or indeed relation to the problems of life, all members of the profession will assume a position of responsibility, and will be able to play an important part in helping the nation whom they meet as patients.

May I then use your columns to remind readers of the only answer to the problems facing everybody in these times, which are so adequately described in the extract from an address recently delivered to the Abernethian Society?

The vital question of "what are you going to do?" emphasises the facts that something must be done and that each individual must shoulder the responsibility for doing it.

It is well known that diagnosis is the first essential to successful treatment, yet where is this truth more persistently ignored than in connection with life

itself? Throughout the world's history men have repeatedly avoided the correct diagnosis because of its unpleasantness, at the same time offering their own explanations of worldly strife and sorrow, and applying the wrong treatment.

In this 20th Century A.D. it is high time that all should face the fact which some are at last willing to admit, namely that human nature which forms a part of each one of us is itself at fault. The question is "What are you going to do about it?" Take the words of the Lord Jesus Christ seriously for once and accept the fact that He did not offer to us the hard crust of Christian ethics, as some would suggest, but rather Himself to live in us as a Power and a Light. The tragedy is still the same however, that the Gospel which has been proved by the few to be of such Power, is one of offence to the majority.

"Three Wars are Enough." If readers agree with this statement their sincerity will be revealed in their attitude to this answer offered by and in God Himself.

I am, etc.,

F. C. STALLYBRASS.

REVIEWS

A TEXTBOOK OF THE PRACTISE OF MEDICINE. By various authors, edited by Frederick W. Price. Seventh Edition. Pp. 2034. Published by Geoffrey Cumberlege at the Oxford University Press. 42s.

Numerous additions and alterations characterise the seventh edition of Price, which appears less than five years after its predecessor.

The additions include articles upon: penicillin, poisoning by morphine, cocaine, atrophine and barbiturates, spontaneous hypoglycæmia, dwarfism, eunuchoidism, the climacteric, dysphagia in hysteria and in organic nervous diseases, trauma of the heart, primary atypical pneumonia, cerebral atheroma, tumours of the spinal cord, protruding intervertebral disc, acute transverse myelitis and spina bifida.

Among the articles which have been almost entirely re-written are: bacillary dysentery, malaria, black-water fever, sea-sickness, infantile, toxic adenoma, liver function tests, infective hepatitis, hæmolytic disease of the newborn, thyroidectomy in the treatment of heart failure, the treatment of cardiovascular syphilis, the estimation of the function of each kidney, benign and malignant nephrosclerosis.

Other alterations are too numerous to mention separately. Some articles have been partly re-written—special attention having been paid to treatment, and there are several changes in nomenclature and classification.

The section on nervous diseases has been re-written by Drs. J. Purdon Martin and J. St. C. Elkington, both of whom are new contributors. The division of nervous diseases into groups of related conditions is a welcome, if long overdue feature, and does much to enhance the value of what has always been one of the best sections in this book. Besides dealing with diseases as such, some of the main symptoms of nervous disease—such as aphasia, are dealt with separately. We find this very helpful and would welcome an extension of the scheme to include more of the important neurological signs and symptoms.

The great effort which has obviously been made to bring the book up to date has not been entirely

successful. Although the introductory chapters contain a helpful, if brief, account of penicillin, references to the use of this drug in the treatment of various infections are either inadequate or are omitted entirely. Thus its use in subacute bacterial endocarditis is dismissed as being disappointing, whilst it would appear that potassium iodide is still the most valuable drug in the treatment of actinomycosis. We do not wish to blame the authors for a state of affairs which may have been due—at least in part—to the necessary information being unavailable at the time of going to press. Nevertheless we do hope that an attempt will be made to reduce this time lag in future editions.

The account of the principles of sulphonamide therapy, contained in one of the introductory sections, is inadequate in that the list of drugs mentioned is incomplete and the factors governing the choice of drug are not clearly stated. Also the toxic effects and their treatment might well have been discussed in more detail. A statement that hæmaturia is "seldom a serious complication" can hardly be said to deal adequately with the possible effects of the sulphonamides on the kidneys.

However, further references to sulphonamide therapy, are to be found in other parts of the book. These deal with the treatment of specific infections and as such are excellent, although statements to the effect that sulphapyridine is still the drug of choice in the treatment of pneumococcal infections will not meet with universal approval.

The chemotherapy of syphilis is dealt with extremely well and the account given includes discussions on the use of penicillin and oxophenarsine.

We were disappointed to find no mention of the Ellis classification of inflammatory Bright's disease. We do not challenge the author's right to express his own opinion, namely that the Vohhard-Van Slyke classification best fits the observed facts. We do however feel that one of the functions of a book such as this, which claims to be a "complete survey of modern medicine," should be to keep its readers informed of modern trends of thought.

The general arrangement is the same as in previous editions. Following the introductory chapters the book is divided into sections in which the various diseases are dealt with systematically under various sub-headings: aetiology, pathology, symptoms, course complications, prognosis, diagnosis and treatment. The resulting uniformity of style makes for clarity and easy reference—no mean achievement when one considers that twenty-seven different people have combined to produce a single volume.

The length of the book is unchanged. Two thousand pages is not excessive in view of the vastness of the subject to be covered. Most of the individual sections are in fact as concise as any reasonably complete accounts can hope to be.

We believe that many parts of this book, particularly the sections on skin diseases and fevers, would be improved by more illustrations, even though these might increase the cost.

In this book you may find statements with which you quarrel, whole chapters which you dislike—this is almost inevitable considering the huge field which has been covered. But for all this you must agree that the book as a whole is sound, that it lives up to its claim to be a reasonably complete survey of modern medicine and that it remains the best and most reliable general textbook of medicine available in this country today. We have no hesitation in recommending it to students as an invaluable work of reference. We should like to take this chance of thanking the writers for the pains they have taken in producing this volume and to compliment them on the splendid result they have achieved.

THE SULPHONAMIDES IN THEORY AND PRACTICE. D. Stewart Lawrence. Messrs. Lewis & Co.

One has only to turn to the bibliography of Dr. Stewart Lawrence's book to realise the bulk of the literature which has appeared on the subject of the sulphonamides since Domag's observation that sulphonamide-cryosidin would prevent the development of streptococcal septicaemia in mice. Hence the reader may well enquire what a modest little volume of just over one hundred pages has to offer new. True, there are few entirely original observations in the work under review, although these are not entirely lacking, as, for example, the author's observation on the controlled treatment of tonsillar infections by sulphonamides. What Dr. Stewart Lawrence has, however, succeeded in doing is to bring together and give a comprehensive account of the results of the work which has been done on the sulphonamides up to the present time.

The book is roughly divided into two parts, the earlier chapters which deal with chemical, pharmacological and bacteriological aspects of the subject, and the later chapters which deal with the clinical aspects and are supplemented by a brief account of the technique of sulphonamide estimations in blood and urine.

In spite of its brevity and essentially concise style per se points for commendation, undue dogmatism is conspicuous by its absence.

There are, however, a few small points of criticism. Firstly, the treatment of urinary tract infections by small doses of sulphonamides receives but passing mention. Secondly, the chapter on toxic manifestations of the sulphonamides—otherwise one of the best in the book—contains no mention of the arteritis occasionally occurring during sulphonamide therapy. Finally the formula for sulphadiazine is represented as 2—(para-aminobenzinesulphonamido) iminazole instead of 2—(para-aminobenzinesulphona-

mido)-pyrimidine. The construction is, however, correctly stated in the text and the error of structural formula only occurs on page 19. These points are small and do nothing to detract from the general high standard of the book.

This is a book which could be used with profit by students preparing for a final examination in therapeutics and applied pharmacology. For them, the earlier chapters will be especially reliable as they contain much information otherwise to be obtained only by a time consuming perusal of the literature.

This volume should also be of value to the practising physician who must maintain a balanced outlook towards recent therapeutic advancements, neither unduly conservative nor too readily persuaded to forsake established remedies for as yet untried ones. It provides vital information as to indications, dosage, and toxic manifestations, the triad upon which efficient, safe, and logical therapy must rest.

A POCKET MEDICAL DICTIONARY, compiled by Lois Oakes, assisted by Thos. B. Davie. Seventh Edition. E. & S. Livingstone, 1946.

The fact that this little book has reached a seventh edition in thirteen years indicates its continued popularity and usefulness both to nurses and students. Despite its small size it contains numerous helpful diagrams and tables, while the actual dictionary is followed by sections devoted to "Trays prepared for nursing techniques," "First-aid," "Some Common Poisons," "Urine Testing," "Diet in Disease," etc. The section devoted to "Gas Warfare Precautions" remains to remind us of the recent past, if not of the possible future.

LEWIS'S, 1844-1944. A brief account of a century's work. H. K. Lewis & Co., Ltd., 1945.

The year 1944 marked the centenary of the foundation of "Lewis's", but recent conditions have delayed the issue of this beautifully produced booklet until now. As a record of a hundred years in the publishing and book-selling business it is of great interest, and the numerous illustrations enhance its historical value. We trace the history of the firm from the birth of its founder, Henry King Lewis (1822-1899), through its early days in Gower Street, its association with Sir Jonathan Hutchinson and the New Sydenham Society, the foundation of the Lending Library in 1852, and its expansion into the extensive business contained in the imposing building on the corner of Gower Street and Gower Place.

We congratulate Lewis's on attaining their first century, and look forward to their services in the years to come, for no medical student could contemplate facing his studies without the aid of "Lewis's".

FIRST AID QUIZ, Evelyn Pearce. Faber & Faber. 3s. 6d.

Quiz books on this subject are usually quite popular, and this one with the subjects very well arranged, can be highly recommended to all interested in first aid work.

It originally appeared as a series of articles in the *Nursing Mirror*, but will be more practical in its present book form. E. M. C.

ARTIFICIAL RESPIRATION EXPLAINED, by Frank C. Eve, M.D. (Cambridge), F.R.C.P. (London).

A great deal of concise information on this very important subject is contained in this book. The author makes the reader acutely aware of the necessity for all to study further the methods of artificial respiration.

Clear explanations of the various methods now practised and the reasons for each are given. The photographs are good and help in understanding the new methods suggested.

E. M. C.

A SUMMARY OF MEDICINE FOR NURSES. R. Gordon Cooke, M.D., M.R.C.S., L.R.C.P. Faber & Faber. 3s. 6d.

This small book is a very convenient size, and its material is quite up-to-date. It is written in a very brief style and is only intended for use in revision. As such it will have little general use, but may prove quite helpful to student nurses working for examinations, and for those who have difficulty in studying medical conditions.

THE CONQUEST OF DISEASE—the story of penicillin, by George Bankoff, M.D., F.R.C.S. Macdonald, "Conquest Series."

This volume, the first of a series of six popular books on medical topics written for the layman deals with methods of combating disease, with special reference to the panacea penicillin.

Unfortunately, like many popular medical writers the author has confused the required degree of sim-

plification with a considerable degree of inaccuracy, most noticeable in his introductory chapters on bacteria and fungi in relation to diseases of man. While it is desirable that highly technical terms and details should be avoided in this type of work, I feel that here the author has written down to his audience to such a degree as to allow himself to make not only considerable inconsistencies in his degree of simplification but also many unpardonable errors in plain grammar.

Apart from these faults, the latter chapters which deal with the scope and application of penicillin in diseases of various regions such as the brain, chest and bones are quite fairly assessed and presented, each of these chapters commencing with a brief exposition of the nature of the disease processes peculiar to the region under discussion.

The book ends with a highly fanciful flight into the possible benefits to be derived from penicillin in the future and a suggested connection between the miracle of Lourdes and the miracle of penicillin!

I would recommend this work and its fellows in the series to the layman more conscientiously if I felt that the faults mentioned were going to be corrected in future printings. First M.B. students may find it of some interest for general reading, but should not take the contents as gospel.

SOCCER

v. St. Thomas's, at Honor Oak Park, March 2nd. Lost 2—7.

The score in no way represents the state of the game, which was, until the closing stages, fairly even.

The game, as football, was marred by driving snow and sleet, and a treacherous mud-ridden surface on which it was almost impossible to keep one's balance.

We made the strategical mistake of playing our heaviest and largest players in the belief that this is what is most needed in a cup-tie. However, on account of their smallness, and therefore nimbleness, Thomas's managed to use the mud to their own advantage whilst we floundered about like elephants in treacle.

The first goal came after fifteen minutes, against the run of play and against us. The centre-forward, allowed a spare second to shoot whilst Morgan was stuck in the mud, kicked the heavily laden ball with all his might, and what would have in the normal way gone ten yards or so over the bar, found the top right-hand corner of the net.

Some ten minutes later McCluskey dribbled through the mud and the defence to score with a shot from a position almost parallel to the goal line.

This renewed us to further efforts, but whereas up to now we had been on top, Thomas's were slowly but surely gaining mastery. And it was not very long before they had scored again.

By now their goalkeeper was being called on less and less, and Watson more and more. And it was due to the fact that the backs left our goalie alone in a duel with their centre-forward that the third goal was scored. In an effort to avoid being bundled into the net Watson threw the ball out to a back playing, for the moment, the part of a spectator some yards away. And it was not difficult for the Thomas's man to recollect and shoot into an open goal.

Half-time 1—3.

Soon after half-time, Leach, who had been giving the opposing back a hard time all the game, scored a good goal, shooting as he cut in to the goal from the wing. But he too was slow at times, especially when two centres crashed an open goal and were allowed to go harmlessly over the line.

Within 40 seconds Thomas's scored again! And again in 60 seconds!

From then onwards Bart's were beaten in every department of the game, and except for a very vigorous attempt by Morgan to get the attack going, and a very stolid performance by Wright in the defence, there was not much to be seen.

Before the close two more goals were conceded to make the final score 2—7.

Team: J. R. Watson; R. Pine, J. A. S. Amos; N. Wright, M. N. Morgan (captain), D. Griffiths; P. Jordan, P. M. Goodrich, K. A. McCluskey, A. H. Murley, J. Leach.

RUGBY

ANNUAL REPORT

It is with rather mixed feelings that one looks back on our late season.

As usual we started off with a win against K.C.H. Then followed matches against:—

Old Blues	...	L	11-0
Middlesex Hospital	...	L	11-0
R.A.A.F.	...	L	17-0
St. Mary's Hospital	...	L	38-0
Cambridge	...	L	30-0
London Hospital	...	L	6-5
Nuneaton	...	W	8-5
St. Thomas's Hospital	...	W	18-3
Cheltenham	...	L	24-0
Rugby	...	L	10-6
Bedford	...	L	9-0
Welsh Guards	...	L	12-6
O.M.T.'s	...	W	11-0
London Irish	...	L	24-6
Guards Depot	...	W	11-0
Aldershot Services	...	L	15-5
Catford Bridge	...	W	2-0
Wasps	...	L	25-0

At times there were glimpses of good open Rugger as if the Hospital hadn't quite forgotten how to play the Rugger for which it was once renowned.

But these glimpses were only too brief.

I think one is justified in saying that the forwards were usually a match for opposing packs—they have yet to learn to use their heads in the loose and to back their three-quarters up—but not so their more fleet-footed colleagues in the three-quarter line.

They seldom led the attack to the opponents, seldom completed a movement, and when they did the ball usually ended up in the hands of a wing already crowded into touch.

In fact, we seldom gained the initiative and the results only go to show how true those few words are: "offence is the best form of defence."

In the majority of the games the run of the play was evenly shared, the Hospital giving as much as it got; but we lacked punch and scoring power in the

three-quarters—with the result that our offence was lacking and our defence subsequently poor.

One or two names in particular should be mentioned.

J. H. S. BUCHANAN, Capt. Wing Forward. A very capable captain, always in the thick of the play, set a fine example with his hard tackling, backing up and general hard work.

D. H. RICHARDS, Vice-Capt. Front Row. Whose stentorian voice on occasions shook many a lagging forward into temporary activity. An inspiration with his fiery play and hard work in the loose.

J. McMILLAN, Middle Row. A tower of strength in loose and set scrums; particularly shone in the "line-outs" and "forward rushes."

R. I. MAITLAND, Hooker. A hard-working forward; hooked with great success throughout the season, shove or no shove!

D. MORGAN, Fly-half. Quick off the mark and shewed great initiative and sound Rugger sense. Set a fine example by his first-rate tackling and falling.

B. REISS, Back Row. Used his size and weight to great advantage particularly in the "line-outs" and "bunches."

Much has been said about the 1st XV, but it should be pointed out that both A and extra A teams flourished; particularly the A—the Club's most successful team who won 7, lost 13, drew 1.

Lastly, a word to our supporters. They have been few and far between, but the Club would extend its thanks to those who have taken the trouble to come down and lend their support—particularly Prof. G. Hadfield, Dr. Scowen and Mr. Frazer, who have given up a great deal of their valuable time.

Many thanks to Bert Cambridge for all his help and cheerful encouragement.

We owe a word of heartfelt thanks to Mr. and Mrs. L. White and their helpers, for the excellent maintenance of the ground and for their help in making such parties and Dances as were held at the Pavilion a success.

R. I. L. S.

THE CORNISH TOUR

On December 13th the appearance of some rather haggard and sleepy-eyed individuals in the precincts of Bart's, heralded the return of the side from a Cornish Rugger Tour.

On December 8th, 19 fitter-looking individuals had left Paddington on the "Riviera", equipped with everything from chicken sandwiches and I.P.A. to dice and packs of cards—with the prospect of playing three games in four days.

Arriving at St. Erth, we were met by Rex Carr, hon. sec. of the Penzance and Newlyn R.F.C., and chief organiser of the Tour. We were conveyed in private cars to the "White Hart," Hale, where we were quickly refreshed with "food and wine." Our hosts proved very kindly people and fed us extremely well.

After dinner we were conveyed with renewed spirits, to the strains of hymn 215 (unauthorised version), to the Winter Garden, Penzance, where we were guests of honour at a Rugger Dance. The boys seemed to need no urgin', and a happy time was had by all. Little did our skipper realise that his fair partner was to be *proxime accessit* in the local beauty contest on the following days.

The side was finally rounded up by the Beach Master, and having cleared the transport of stow-aways—mostly from Clapham and Hounslow—we returned to the "White Hart."

The following day after a preliminary scare when our scrum half was apparently lost, having been last seen walking past a distant headland, we played N. and P. R.F.C., and after the usual preliminary

band-playing and picture-takings, we got off to a fast start. We won after a thrilling open game by 5-3.

That night we met the opposing side at dinner, and after the usual toasts and speeches, we again descended on the dance floor.

Most of the next day, Sunday, we spent sight-seeing. Rex Carr had arranged the tour in private cars—and we spent a very interesting time exploring the maze of cobbled streets in St. Ives.

Certain members of the side were a little late for lunch—and subsequent meals, owing to the mysterious qualities of a certain "Black and Tan,"—in fact one member on alighting from his car shewed marked Scottish tendencies

On Monday, December 11th, we played Redruth. Rain had made the ground very boggy and the ball impossible to hold. A much heavier and superior pack proved too much for us, and the loss of R.

Morgan, full-back, with a broken arm, weakened our defence considerably. We lost 11-0.

On Tuesday we said goodbye to Cornwall, our extremely kind hosts, and shades of BABBY, and travelled to Plymouth in order to play the last match versus Devonport Services.

A very tired side, weakened by injuries, turned out on to a hard-going pitch to play a gallant but futile game against a fit and fast Naval side.

We watched (at a distance) a scintillating display of Rugger given by Les Williams (Llanelli and Wales), and Moore (Navy and England)—and the final whistle blew for a Naval victory by 38-0.

Just in case this Journal should reach the West Country, we should like to thank our Cornish friends very much indeed for the wonderful reception they gave us; we hope to renew our acquaintanceship next year in November.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

BOURNE, G. "Comment on the Bill." *Med. Press and Circ.*, March 28th, 1946, pp. 201-202.

CHRISTIE, R. V. "Penicillin in Subacute Bacterial Endocarditis." *Brit. Med. J.*, March 16th, 1946, pp. 381-383.

D'ABREU, A. L. "Penicillin Treatment in Surgical Conditions of the Chest." *Med. Press and Circ.*, April 10th, 1946, pp. 236-238.

D'ABREU, F. A. (and Humble J. G.). "Mesenteric Venous Thrombosis." *Lancet*, April 13th, 1946, pp. 534-536.

FOOTE, R. R. "Some Everyday Problems in the Treatment of Varicose Veins." *Practitioner*, April, 1946, pp. 295-306.

GRIFFITH, J. R. "The Heritage Craft School." *Med. Press and Circ.*, April 10th, 1946, pp. 240-244.

GRIFFITHS, H. E. "Minor Injuries of the Hand." *Practitioner*, April, 1946, pp. 254-261.

HARGREAVES, W. H. "The Treatment of Amebiasis." *Quart. J. Med.*, January, 1946, pp. 1-23.

HÄRMER, M. (and CHALMERS, J. A.). "Splenic Cysts: With a Report of a Case." *Brit. Med. J.*, April 6th, 1946, pp. 521-523.

HARRIS, C. F. "Treatment of Diarrhoea and Vomiting in Infancy." *Practitioner*, April, 1946, pp. 315-316.

HOWELL, T. H. "Social Medicine in Old Age." *Brit. Med. J.*, March 16th, 1946, pp. 399-400.

MAXWELL, J. "Double-exposure Radiograms of Chest." *Lancet*, April 6th, 1946, pp. 499-500.

OLDFIELD, J. "Drinking at Meals." *Med. Press and Circ.*, March 20th, 1946, pp. 193-194.

ROBB-SMITH, A. H. T. "Clinical Pathology: Past and Future." *Lancet*, April 6th, 1946, pp. 485-488.

SIMMONDS, F. A. H. "Air-embolism and Pneumomediastinum in Artificial Pneumoperitoneum." *Lancet*, April 13th, 1946, pp. 530-533.

TAIT, G. B. (and Harper, E. H. C.). "Pulmonary Oedema in Chest Wounds." *Lancet*, April 13th, 1946, pp. 533-534.

WALKER, K. "Functional Disorders of the Genitourinary Tract." *Med. World*, March 22nd, 1946, pp. 169-171.

ANNOUNCEMENTS AND CHANGES OF ADDRESS

Mr. C. MARTIN-DOYLE has been appointed Assistant Surgeon to the Worcester City and County Eye Hospital.

Dr. G. BUCHLER to South Lodge, 58, Brook Road, Neasden, London, N.W.2.

Dr. K. DIGLEY BELL to Avenue Cottage, 19, The Avenue, Alverstoke, Hants.

Dr. E. BUCHLER to South Lodge, 58, Brook Road, N.W.2. Gla 2301.

BIRTHS

FRANKLIN.—On Sunday, March 24th, 1946, at 20, Devonshire Place, to Ann Grizel (née Vaisey), wife of Dr. Alfred White Franklin, a daughter—Victoria Ann.

GLUCKMAN.—On April 14th, 1946, at Johannesburg, South Africa, to Lois (née McLean), wife of John Gluckman—a son.

Dr. E. S. EVANS, Medical Superintendent, Lord Mayor Trelow Hospital, Alton, Hants.

Dr. H. E. FLINT to 7, Lauriston Road, Wimbledon Common, S.W.19.

LORD HORDER to 32, Devonshire Place, W.1. Welbeck 2200.

Dr. A. M. HUMPHREY to Springfield, Grosmont, Hereford.

Dr. W. M. LEVITT to 9, Old Square, Lincoln's Inn, W.C.2. Holborn 2001.

Mr. RUPERT SCOTT has resumed private practice at 55, Draycott Place, S.W.3. Kensington 2727.

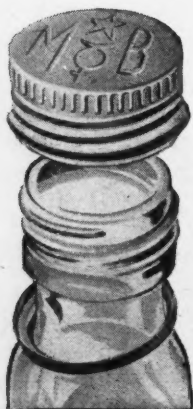
DEATHS

HUNT COOKE.—On March 28th, 1946, at Hatchcroft, Hendon, N.W.4, Ebenezer Hunt Cooke in his 83rd year.



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Sterilised Powder, Containers of 15 Gms.
- 'THIAZAMIDE'** Sterilised Powder
with 1 per cent. Proflavine Hemisulphate, Containers of 15 Gms.
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